

OFFICIAL



GAZETTE

GOVERNMENT OF GOA

EXTRAORDINARY

GOVERNMENT OF GOA

Social Welfare Department

7-15-90-Prov/SWD

RULES FOR DAYANAND SMRUTI NIRADHAR
MADAT YOJANA

In exercise of the powers conferred by Article 15 of the Legislative Diploma No. 1984 dated 14-4-1960, the Government of Goa with a view to provide social security by way of financial assistance to the old, destitute, widow and the physically handicapped persons who are otherwise without any means of subsistence, is pleased to make the following rules, namely:—

1. *Short title, commencement and applicability.*

—(1) These rules may be called the Dayanand Smruti Niradhar Madat Yojana Rules, 1990.

(2) They shall come into force with effect from 12th August, 1990.

(3) They shall be applicable throughout the State of Goa.

2. *Definitions.*—In these rules, unless the context otherwise requires—

(i) “beneficiary” means a person who is entitled for assistance under these rules;

(ii) ‘blind’ means a person who suffers from any of the following conditions, namely:—

(a) total absence of sight.

(b) visual acuity not exceeding 6/60 or 20/200 (snellen) in the better eye with correcting lenses.

(c) limitation of the field of vision standing an angle of 20 degrees, or worse.

(iii) ‘Cerebrally palsied’ means a person whose motor function is impaired due to brain damage during the prenatal period or early infancy.

(iv) ‘deaf’ means a person in whom the sense of hearing is non-functional for the ordinary purpose of life. Generally loss of hearing at

70 decibels or above at 500, 1000 or 2000 frequencies will make residual hearing non-functional.

(v) ‘destitute’ means a person who has attained 60 years and above and has no family or relative to support him/her.

(vi) “Director” means the Director of Institute of Public Assistance (Providoria);

(vii) “family” means wife/husband, minor sons, unmarried daughters solely dependent on the applicant.

(viii) “Government” means the Government of Goa.

(ix) “infirm/disabled” means a person who is either blind, deaf, orthopaedically handicapped, cerebrally palsied or mentally retarded and having 40% disability.

(x) “mentally retarded” means a person whose I. Q. is less than 35.

(xi) “old” means those persons who have attained the age of 60 years and above.

(xii) “orthopaedically handicapped” means a person who has a physical defect or deformity which causes an interference with the normal functioning of the bones, muscles and joints.

(xiii) “sanctioning authority” means the Director of Institute of Public Assistance (Providoria) or the officer(s)/Authority(ies) as may be authorised by the Government in this regard.

(xiv) “widow” includes divorced, deserted or judicially separated person.

3. *Eligibility.*—For the purpose of granting financial assistance under these rules, the applicant shall fulfil the following conditions, namely:—

(i) The applicant must be a bonafide resident of the State of Goa for the last fifteen years, at the time of making the application.

(ii) The financial assistance shall be granted only to those persons as are defined under rule 2 of these rules and who are single or who belong to a family whose per capita income is less than Rs. 60/- p. m. and combined income of the entire family does not exceed Rs. 250/- p. m. and in

case of single person, the income is less than Rs. 60 p. m. from all sources.

(iii) If a family has more than one eligible person as defined under rule 2 of these rules, all such persons would be eligible for grant of financial assistance, provided they fulfil all other conditions under these rules.

(iv) The applicant should not be in receipt of any other financial assistance from any other source.

4. Quantum of Assistance and the Mode of Payment.—The quantum of financial assistance under these rules shall be as follows:

(i) The rate of financial assistance shall be Rs. 100/- per month per head.

(ii) The financial assistance shall be payable to a person till his death subject to other conditions under these rules.

(iii) The financial assistance shall be payable from the following month in which it is sanctioned.

(iv) The concerned Block Development Officer shall disburse the amount by 12th of every calendar month to the beneficiary under these rules against receipt and Acquittance Roll which shall then be forwarded to the sanctioning authority.

(v) If the applicant so desires, the amount can be disbursed through the Bank indicated by the applicant in his application.

5. Mode of Applying.—The applications for the grant of financial assistance under these rules shall be made in the prescribed form as indicated in Appendix-I. The application shall be addressed to the Director, I.P.A. (Providoria), through the concerned Block Development Officer. Each application shall be accompanied by the following documents, namely:—

(i) **Medical Certificate:**—A certificate in the prescribed form as indicated in Appendix II, III, IV and V from the Government Medical Specialist that the applicant is blind or deaf or orthopaedically handicapped or cerebrally palsied or mentally retarded within the meaning of clauses (ii) (iv), (xii), (iii) and (x) of rule 3 of these rules.

(ii) **Income Certificate:**—A certificate in the prescribed form as indicated in Appendix VI issued by.—

(a) the Sarpanch of concerned Village Panchayat and countersigned by the respective Block Development Officer in the case of rural areas; and

(b) the concerned Mamlatdar/B.D.O. in the case of urban areas.

(iii) **Birth Certificate:**—A certificate issued by the Registrar of Births and Deaths or age as indicated in the school record.—In case where the certificate from these sources is not possible, her/his age will be determined by the sanctioning

authority with reference to any other reliable document or/and on the recommendation of the Medical Board constituted by the Government.

6. Sanction of Financial Assistance.—

(i) The applications received shall be scrutinised by the sanctioning authority.

(ii) All cases which are sanctioned for financial assistance under the rules shall be reviewed at least once in a year on the basis of the Income Certificate in Appendix VI by the Institute of Public Assistance (Providoria), through its field staff.

7. Stopping/Cancellation of the Financial Assistance.—

(i) On death of the beneficiary and if the beneficiary dies before receiving assistance for a particular period, the same shall lapse.

(ii) if the beneficiary resorts to professional begging.

(iii) if the beneficiary under the rules is employed and his/her income exceeds the ceiling income prescribed in these rules.

(iv) if the beneficiary changes his address without prior and due intimation to the Director through the concerned Block Development Officer.

(v) if at any stage the information furnished by the applicant is found incorrect or if the financial assistance is obtained by suppression or misrepresentation of material facts.

(vi) if the beneficiary changes his residence to some other State/Country.

8. Funding of the Scheme.—The Institute of Public Assistance (Providoria) shall be given Grant-in-Aid by the Government for implementation of these rules. Grant-in-Aid shall be released by the Government every quarter in advance i.e. in March for the month of April, May and June, in June for the month of July, August and September and so on.

9. Supersession and Savings.—

(i) These rules shall supersede all the existing rules on the subject.

(ii) Notwithstanding such supersession, any assistance granted under the earlier rules shall be deemed to be assistance granted under these rules with effect from the date on which these rules come into force.

10. Relaxation.—The Government may relax any of the provisions of these rules for good and sufficient reasons.

By order and in the name of the Governor of Goa.

K. A. Satardekar, Under Secretary to the Government of Goa (Social Welfare).

Panaji, 11th August, 1990.

APPENDIX I

DAYANAND SMRUTI NIRADHAR MADAT YOJANA

Institute of Public Assistance

(Provedoria da Assistencia Publica)

Panaji - Goa

APPLICATION FOR FINANCIAL ASSISTANCE

PHOTOGRAPH
(to be attested by the
concerned Sarpanch/
BDO/Mamlatdar
affixed here)

To,

The Director,
Institute of Public Assistance,
Panaji, Goa.

(Through the Block Development Officer)

Sub: — Request for Financial Assistance.

Dear Sir,

I hereby apply for the grant of financial assistance under the Dayanand Smruti Niradhar Madat Yojana and submit my particulars as under: —

1. Specify the Category under which financial assistance is applied for:
 - (i) Old
 - (ii) Destitute
 - (iii) Blind
 - (iv) Deaf
 - (v) Orthopaedically Handicapped
 - (vi) Cerebrally Palsied
 - (vii) Mentally Retarded
 - (viii) Widow/divorced, deserted or judicially separated.

2. Name in full

(in block letters)

(surname)

3. Date of Birth (in figures and in words)

4. Full Postal Address

5. Whether SC/ST/OBC

6. In case applicant belonging to Family —
give the following details

Sr. No.	Name	Age	Relation- ship with the applicant	Occupation	Income per month
1.					
2.					
3.					
4.					
5.					
6.					

7. Profession and monthly income from all the sources of the Family *

(Strike whichever is not applicable)

8. Are you receiving financial assistance from any source or/and received assistance from any source Yes/No

8. (a) If yes, give details:

- (i) The authority / Institution from whom receiving/received.

- (ii) Quantum of assistance:
(lumpsum or per month)

- (iii) Reasons for discontinuance of the financial assistance

9. Any other member from whom family is receiving/received financial assistance from any source Yes/No

9. (a) If yes, give details:

- (i) The authority / Institution from whom receiving/received

- (ii) Quantum of assistance
(lumpsum or per month)

- (iii) Reasons for discontinuance of the financial assistance.

* Family/means wife/husband, minor sons, unmarried daughters solely dependent on the applicant.

10. Documents attached:

- (i) Medical Certificate

- (ii) Birth Certificate

- (iii) Income Certificate

- (iv) Copy of the Court's Order pertaining to divorce or Judicial separation

- (v) Certificate from Sarpanch regarding desertion.

Note: The certificate should be attested by Sarpanch, M.L.A./M.P./or any Gazetted Officer.

(Strike whichever is not applicable)

11. I hereby declare,

that I shall not accept any financial assistance in any other form, whatsoever, from any other source during the tenure of the financial assistance, if granted to me, under the above rules.

that, I am in or receipt of financial assistance as specified under column no. ... and in the event of grant of financial assistance under the rules, I undertake to refund it, from the month of financial assistance payable to me to the source from where I have received it, and during the tenure of assistance, if awarded, I shall not receive any other financial assistance/or any grant in any form whatsoever.

(ii) That the statement made in the application is true to the best of my knowledge and belief and that no material information has been concealed or withheld and no misrepresentation of facts made.

(Signature or thumb impression of the applicant)

VERIFICATION

I hereby certify that I have checked the particulars/ information given in the application by Shri/Smt. ...

The same is found to be correct for the grant of financial assistance.

Signature ...

(Name in Block letters)
Designation

(Affix the Seal)

The application is recommended/not recommended for the grant of financial assistance under this scheme.

Verified and Countersigned by B.D.O.
(with seal)

Place:

Date:

- Encl: (1) Medical Certificate
(2) Birth Certificate
(3) Income Certificate
(4) Copy of Court's Order pertaining to divorce or Judicial separation.
(5) Certificate from Sarpanch regarding desertion.
(6)
(7)
(8)
(9)
(10)

APPENDIX II

MEDICAL CERTIFICATE FOR THE BLIND

Certified that I, Dr. ... attached to ... Department have this ... day of ... 19... examined the candidate whose particulars are given below:—

1. Name of Candidate:
2. Father's Name:
3. Sex:
4. Approximate age:
5. Identification mark:
6. Extent of residual Vision, if any: R. E.
L. E.
7. On set of blindness. (Please state whether blindness is from the birth or acquired later; if it has been caused afterwards, the age and cause of blindness may be indicated).

(Signature of the applicant) (Signature of Ophthalmologist)
Designation:
Office Stamp:
Address:

Place:

Date:

APPENDIX III

MEDICAL CERTIFICATE FOR THE DEAF

Certified that I, Dr. ... attached to ... Department have this ... day of ... 19... examined the candidate whose particulars are given below:—

1. Name of candidate:
2. Father's name:
3. Sex:
4. Approximate age:
5. Identification mark:
6. An estimate of the residual hearing, if any and the basis on which this estimate has been arrived at:
(i) Right ear.
(ii) Left ear.
7. On set of deafness. (Please state whether deafness is from birth or acquired later. If it has been caused afterwards, the age and cause of deafness may be indicated).

8. Please enclose audiogram chart.

(Signature of the candidate) (Signature of ENT Specialist)

Designation:

Office Stamp:

Address:

Place:

Date:

APPENDIX IV

MEDICAL CERTIFICATE IN RESPECT OF AN ORTHOPAEDICALLY HANDICAPPED CANDIDATE/ CEREBRALLY PAISIED

Certified that I, Dr. ... attached to ... Department have this ... day of ... 19... examined the candidate whose particulars are given below:

1. Name of candidate:
2. Identification mark:
3. Sex:
4. Father's name:
5. Approximate age:
6. (a) Nature of disability.

(Tick relevant from following list)

Post Polio Paralysis Hemiplegia, Quadraplegia, Malunited fracture, Nerve Paralysis, Upper extremity, Lower extremity, Limp, Painful, Shortening, Deformity, Congenital acquired, Above Knee, Below Knee, Hip, Hemipelvectomy, Symes, Cheoparts, Wrist, Fingers, Below Elbow, Above Elbow, Shoulders, Fore quarter, Unilateral, Bilateral.

(b) Extent of disability:—

Estimate in percentage (Mc. Bridge Scale). On anatomical, Functional, (Patient's Assessment, Examiner's Assessment).

Economical Basis Mention as Percentages. (Below 25, 25-75, 75-90 Total Disability).

(c) Use of appliance recommended.

(Tick relevant from following list)

Calliper, Crutch, Above Knee, Below Knee, Prosthesis, Cane, Unilateral, Bilateral, Above Elbow, Below Elbow, Hemipelvectomy, Shoulder Dis-Articulation.

(d) Any operation done or indicated.

(e) Photograph (Attested).

To show the nature of disability and any appliance if used.

6. Any other particulars to clarify the nature and extent of disability that the Surgeon might like to point out.

(Signature of Candidate) (Signature of Orthopaedic Surgeon).

Designation:

Office Stamp:

Address:

Place:

Date:

APPENDIX V

MEDICAL CERTIFICATE FOR THE MENTALLY RETARDED

Certified that I, Dr. ... attached to ... Department have this day of ... 19... examined the case whose particulars are given below:

1. Name of candidate:

2. Father's name:
3. Sex:
4. Approximate age:
5. Identification mark:
6. An estimate of the retardedness of the candidate and the basis on which the estimate has been arrived at.
7. I. Q. Level of the candidate.
8. Any other particulars to clarify the nature and extent of retardedness that the Psychiatrist may like to point out.

...
 (Signature of the parent/guardian
 of the applicant)

...
 (Signature of the Psychiatrist).

Designation:

Office Stamp:

Address:

Place:

Date:

APPENDIX VI

INCOME CERTIFICATE

(to be certified by the concerned Secretaries of the Panchayat and the same to be attested by the respective Sarpanch and countersigned by the respective Block Development Officer or may be issued by the Mamlatdar)

I hereby certify to the best of my knowledge and belief, that the total monthly income from all sources of the applicant/parents/husband/son/guardian is Rs. ... (Rupees ... (in words) for the year ... and that Shri/Smt. ... is the resident of ...

...
 (Signature of the Secretary)

Attested by:

...
 (Sarpanch with Seal)

Countersigned by:

...
 B.D.O. or Mamlatdar with Seal

Place:

Date: